

Medications

Lovenox 40 mg SUB Q daily  
--antithrombotic for surgery

Tylenol 650 mg PO q4h  
--fever reducer and pain medication for surgery

Protonix 20 mg PO daily ac  
--used to treat GERD

IV Sites/Fluids/Rate

IV # 20 RH D5 1/2 NS 20 gtts/min  
c o redness or swelling

Past Medical /Surgical History

Hypertension  
Acid Reflux  
Hyperlipidemia  
Osteopenia  
Reflex Sympathetic Dystrophy  
Reflex Sympothetic Dystrophy  
Multinodular Thyroid  
Lt ank fracture  
Rt ank fracture  
Ribs fracture  
Nose x 2  
Wisdom Tooth Extraction  
Dilation & Curettage  
Tubal Ligation  
Reconstructive Surgery Sx following last child  
Sx for RSD—ganglion block  
Arthroscopy knee—left  
Rectal Probe, Gallbladder  
Lt foot-tendon repair  
TMJ Sx, Laparoscopy Uterine

N20030 Concept Map

Student Name Nicole Perretta Client Initials D.J. Date 2/26/2010

Age 58 Gender F Room # 77—2 Admit Date 2/24/2010

CODE Status FULL Allergies CT Dye, EES, PCN, Biactin, Vicodin, Seldene Tavist

Diet REG Activity OOB TID Braden Score 23

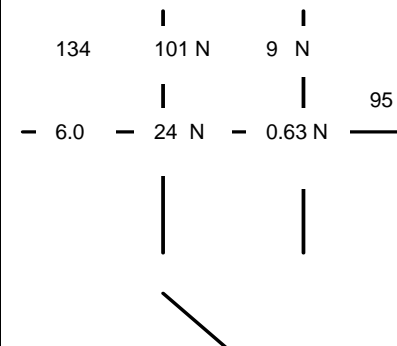
Admitting Diagnoses/Chief Complaint

Right Posterior Tibial Tendon Surgery

Assessment Data

T: 99.4, R: 14, P: 72, A: 80, B/P: 118/84, O2: 94% RA, Pain: 5/10,  
A & O x 3; wt: 219  
PERRLA 2mm  
MAE—but right leg; ROM—active; Hand grasps=strong  
Lower extremities=strong except right leg O numbness  
Slight tingling on right outer calf area  
Lung sounds clear in all lung fields No cough present  
Cap refill <2 sec; O JVD  
Dorsalis Pedis & Posterior Tibial +2 on left leg; right leg in cast from foot to knee  
BS X 4; Soft non-tender abd. ; no BM since surgery; large amount of gas  
Patient ate all of breakfast; no nausea/vomiting  
Skin dry and intact O tenting  
Mucous membranes pink O mouth sores or lesions  
Perianal—O redness or swelling  
Dressing—Right leg cast from foot to knee  
Needs little to no assistances c ADL's  
Tonsils removed; no swelling or tenderness in neck  
Glasses  
Head nurse states patient, "pees constantly"  
I/O: 200/1800cc  
Urine clear and yellow

Lab Values/Diagnostic Test Results



Na—134 (135-145 mEq/L)  
Due to hypertension  
drug increasing urination

K—6.0 (3.5-5.0 mEq/L)  
Due to tissue injury such  
as surgery

Treatments

O2 – NC  
Dressing Changes  
Foot of bed elevated  
TED hose left leg  
SCD left leg—while in bed  
BR c BRP c assist x 2  
Falls precautions—side rails x 2,  
bed & locked, call light within reach

### Primary Nursing Diagnosis

Impaired Physical Mobility R/T surgery AEB tibial tendon rupture

### Supporting Data

- BR c BRP
- OOB TID
- Cast on right leg
- Right Tibial Tendon Surgery
- Due to surgery no weight or pressure should be put on right leg
- ROM with right leg is decreased
- pain 7/10

### STG

The client will demonstrate improved physical mobility by the need for less assistance by end of shift at noon

### Interventions with Rationale

- Encourage patient intake of fluids and dietary fiber by end of shift  
R: help to pass stools easier (pg. 478)
- Understand weight bearing limitations ordered for the client  
R: decrease weight pressure put on affected extremity (530)
- Use pulse oximetry and regular measurement of vital signs PRN  
R: used to assess the respiratory status (478)
- Medicate the client before physical therapy  
R: pain is intensified c movement so decreasing pain increases movement (478)
- In-bed exercises begin the day of surgery  
R: patient is not ready to transfer to a chair until morning after (479)

### EBP Citation

Black and Hawk. (2009) Medical-Surgical Nursing

### Evaluation

The client didn't demonstrate improved physical mobility by the need for less assistance by end of shift at noon continue interventions

Nursing Diagnosis #2

### Risk for Impaired Skin Integrity R/T surgery

### Supporting Data

- BR c BRP
- Dressing on right leg from knee to foot
- Limited Mobility
- Ted Hose and SCD on left leg while in bed

### STG

The client will demonstrate intact skin as by an absence of ulcers & epidermal stripping around the cast edges and on back by end of shift at noon

### Interventions with Rationale

- Turn patient every 2 hours  
R: takes pressure off skin (482)
- Assess the skin thoroughly at each turn  
R: to catch any pressure points (482)
- Check the sacrum and coccyx, scapulae, elbows, and heels daily  
R: bony prominences are more likely to get pressure ulcers (482)
- Assess the need for a pressure redistribution mattress daily  
R: to reduce pressure points (482)

### EBP Citation

Black and Hawk (2009) Medical-Surgical Nursing

### Evaluation

The client demonstrated intact skin as by an absence of ulcers & epidermal stripping around the cast edges and on back by end of shift at noon

Nursing Diagnosis #3

### Acute Pain R/T surgery AEB tibial tendon rupture

### Supporting Data

- Pain 5/10
- Posterior Tibial Tendon Surgery
- Tylenol is being taken
- Patient also has PCA of morphine
- Pain intensifies with transfer to bedside commode

### STG

The client will demonstrate comfort after surgery AEB moving without grimacing, by requesting analgesics no more frequently than ordered, by using less analgesic each day, and that the pain is tolerable and not interfering with physical therapy or rest by end of shift at noon

### Interventions with Rationale

- Medicate client before physical therapy  
R: movement decreases with pain (530)
- Use of non-opioid analgesics can also help with pain management  
R: will help with physical therapy and decrease of pain with movement
- Address concerns about becoming addicted to opioids  
R: older adults fear that they will become addicted and therefore tolerate unnecessary pain
- Regularly assess for side effects due to opioid analgesics  
R: Check respiratory rate and confusion and sedation as the opioids cause depression of respiratory rate and can cause confusion

### EBP Citation

Black and Hawk (2009) Medical-surgical Nursing

### Evaluation

The client did not demonstrate comfort after surgery AEB moving without grimacing, by requesting analgesics no more frequently than ordered, by using less analgesic each day, and that the pain is tolerable and not interfering with physical therapy or rest by end of shift at noon continue interventions